

MEDIATOR EVALUATION FORM

U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA CIRCUIT

Case Name:

Mediator:

Case Number:

Study Number:

1. Was an agreement reached? Yes \_\_\_\_ No \_\_\_\_
2. How many sessions were held? \_\_\_\_\_
3. How much time was spent mediating this case? \_\_\_\_\_ hours
  - How much time was spent mediating with attorneys and/or parties in person? \_\_\_\_\_ hours
  - How much time was spent mediating by phone? \_\_\_\_\_ hours
4. How much time did you have to complete mediation from the assignment of the case until mediator completion deadline? \_\_\_\_\_ weeks
5. Was this time adequate? Yes \_\_\_\_ No \_\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

6. Who attended the mediation session(s)?

Sessions for Plaintiff:	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	Sessions for Defendant:	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Party and Counsel	_____	_____	_____	Party and Counsel	_____	_____	_____
Counsel Only	_____	_____	_____	Counsel Only	_____	_____	_____
Party Only	_____	_____	_____	Party Only	_____	_____	_____
Other	_____	_____	_____	Other	_____	_____	_____

- If you cannot decide how to categorize the case or if it does not fall into any of the categories listed, please write a one or two sentence description. \_\_\_\_\_

**At the completion of the mediation process, please return this evaluation in the returned envelope to:**  
**The Mediation Program, Room 4826, E. Barrett Pretty man U.S. Courthouse**  
**333 Constitution Avenue, NW, Washington, D.C. 20001**

